

Electronic Filing System (EFS) Data

Electronic Patent Application Submission

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EFS ID: 19055
Application ID: 10065461
Title of Invention: METHOD AND APPARATUS FOR
AUTOMATIC TRANSFER SWITCH
First Named Inventor: Thomas Ferry
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2002-10-21
Submission Type: Utility Patent Filing
Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: 126800
Digital Certificate Holder: cn=Timothy Olson, ou=Registered Attorneys, ou=Patent and
Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US
Certificate Message Digest: m+yr14ywKDBMee+X1ZPXLQ==
Total Fees Authorized: \$740.0
Payment Category: DA - Deposit Account
Deposit Account Number: 61130
Deposit Account Name: Timothy J. Olson



TRANSMITTAL FORM

1c930 U.S. PTO
10/065461
10/21/02

Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket
Number:

126800

Submission Type: Utility Patent
Filing

METHOD AND APPARATUS FOR AUTOMATIC TRANSFER SWITCH

First Named Inventor: Thomas Ferry

SUBMITTED BY

Name:	Mr. Timothy J. Olson
Registration Number:	42,962
Electronic Signature Mark: ~TJO~	Date Signed: 20021021

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration	Declarationp1.tif
declaration	Declarationp2.tif
declaration	Declarationp3.tif
declaration	Declarationp4.tif

specification.xml
ePaveapds.xml
ePavefee.xml
ePaveids.xml ,

Attached Image File(s):

Declarationp1.tif
Declarationp2.tif
Declarationp3.tif
Declarationp4.tif

Comments:



**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

As a below-named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if several names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD AND APPARATUS FOR AUTOMATIC TRANSFER SWITCH

- ☒ the specification of which is attached hereto OR
☐ was filed on _____ as Application Serial No _____
☐ or PCT International Application Number _____ and was amended on _____
 (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 CFR §1.56

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or (f) or 365(b) of any foreign application(s) for patent or inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED	CERTIFIED COPY ATTACHED
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. PARENT APPLICATION OR PCT PARENT NUMBER	PARENT FILING DATE (day, month, year)	STATUS (patent and number, pending, abandoned)

Docket No. 126800

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER(S)	FILING DATE (day, month, year)

As a named inventor, I hereby appoint Practitioners at Customer Number 23413; Karl A. Vick, (Reg. No. 33,288) of General Electric Company, 41 Woodford Avenue, Plainville, CT 06062, Ronald E. Myrick (Reg. No. 26,315), Henry J. Polcinski, (Reg. No. 26, 621), Scott R. Hayden, (Reg. No. 41,821) and Catherine Winter, (Reg. No. 38,364) all of General Electric Company, 3135 Easton Turnpike, Fairfield, CT 06431-0001, jointly, and each of them severally, my/our attorney(s) or agents(s), with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent and to transact all business in the Patent and Trademark Office connected therewith.

I hereby direct that all correspondence and telephone calls in connection with this application be addressed to Philmore H. Colburn II at Cantor Colburn LLP, 55 Griffin Road South, Bloomfield, CT 06002, Telephone No. (860) 286-2929

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further, statements were made with the knowledge that willfully false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that all such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor: Thomas Ferry

Inventor's signature: [Signature] Date: 4/4/02

Residence: 1170 Grand Mesa, New Lenox, IL 60451

Citizenship: USA

Post Office Address: 1170 Grand Mesa, New Lenox, IL 60451

Full name of second joint inventor: Edward Kassel

Inventor's signature: _____ Date: _____

Residence: 4840 Prestwick Place, Barrington, IL 60010

Citizenship: USA

Post Office Address: 4840 Prestwick Place, Barrington, IL 60010

Page 2 of 2

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- ☒ the specification of which is attached hereto OK
☐ was filed on _____ as Application Serial No _____
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				<input type="checkbox"/> Yes <input type="checkbox"/> No
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U.S. PARENT APPLICATION OR PCT PARENT NUMBER	PARENT FILING DATE (day, month, year)	STATUS (patent and number, pending, abandoned)

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Inventor's signature: _____ Date: _____
Residence: 1170 Grand Mesa, New Lenox, IL 60451
Citizenship: USA
Post Office Address: 1170 Grand Mesa, New Lenox, IL 60451

Full name of second joint inventor: Edward Kassel

Inventor's signature: Ed Kassel Date: 10/9/2002
Residence: 4840 Prestwick Place, Barrington, IL 60010
Citizenship: USA
Post Office Address: 4840 Prestwick Place, Barrington, IL 60010

Page 2 of 2

FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 740

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 06-1130
Deposit Account Name: Cantor Colburn LLP



Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

SUBMITTED BY

Authorized Name: Timothy J. Olson
Electronic Signature Mark: ~TJO~
Date Signed: 20021021

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	1001	\$ 740

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 17	1202	\$ 18	0	\$ 0
Independent Claims: 3	1201	\$ 84	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0